

GUIDELINES FOR REFERRALS TO ADULT HIGH MANAGEMENT ALTERNATIVE RESIDENTIAL PLACEMENT

The referrals to Mentor High Management are individuals that present with the more serious behavioral challenges that have caused them to fail in prior placements in the community with other boards or they have not been afforded the opportunity or been selected to move into the community. They could be individuals with criminal histories and conduct problems, or they could exhibit sexually inappropriate behaviors that are not considered to be related to a high risk sexual perpetrator. Mentor is not set up to provide sex offender specific programming.

Below are several points that facility administrators and district office staff should address and review when selecting referrals to Mentor.

- 1) What makes the individual they wish to referral "High Management"? They need to describe this in the summary paragraph.
- 2) Is the person dually diagnosed with mental retardation and a mental illness? What are the diagnoses?
- 3) What are the identified behavior problems? What is the level of frequency, intensity, duration of these problem behaviors per the behavior support plan?
- 4) How long has the person lived in a regional center? Has the person ever had the opportunity to be placed in the community from the regional center?
- 5) Has the individual failed in prior placements in the community before and had to return back to the regional center? How many failed placements has the individual had and what were the reasons. Discuss any psychiatric hospital admissions as well.
- 6) The individual must be a regular admission at the center. Referrals to the Mentor high management program must be depops from the centers. Other cases in the community are considered but only on a case by case basis and with approval from central office.

7) Has the regional center asked the individual about his/her location preference (which area of the state would they prefer to live in)

8) The regional center administrator or staff should have talked with the family about the desire to refer the individual for this community placement, and the family should be in agreement **prior** to the individual's name being included on the list and Mentor going out to screen the person.

9) The Facility Administrators need to insure that their staff are notified and clearly understand that these individuals are being referred to Mentor and to cooperate with the process. (This is causing problems with staff telling Mentor individuals are not ready to leave or are inappropriate referrals to leave a center when Mentor goes out to screen)

10) The list from the centers will be updated and reviewed by the district office coordinators on a quarterly basis and sent to Mentor with the paragraph descriptions with the above information.

11) Mentor will set up times to screen referrals on the list through the facility administrators or his designee. **(Mentor is still requesting that one person be designated to be their contact at the centers.**

12) If interested after the screening, Mentor will inform the central and district offices of the individuals they are interested in and request a complete packet from the district coordinators which will include a summary, the individual's single plan, and his/her behavior support plan.

13) Once accepted, and the individual agrees to move, the Center may require the individual to "contract" and agree to move into the placement with Mentor (holding the individual accountable for the move at least on a trial basis).

14) The Freedom of Choice and Level of Care must be completed for the Medicaid Waiver **before** a transfer/discharge date for the individual can be coordinated with Mentor. District Coordinators will need to verify when this process has been completed.

15) Mentor and the regional center staff need to coordinate and agree on a date and time that allows for all the necessary items, information, medications, etc. be compiled for the person's discharge

